



## Written Testimony before the Public Health Committee

March 1, 2010

### In OPPOSITION to HB 5307, AN ACT CONCERNING THE FILLING OF PRESCRIPTIONS FOR ANTIEPILEPTIC DRUGS

This bill would prohibit pharmacists from substituting a prescribed drug that could be used for the treatment of epilepsy or to prevent seizures with a different drug, formulation, manufacturer, or distributor unless the prescriber approves in writing to the substitution. The department is opposed to this bill for a number of reasons.

First, this proposal will bypass the prior authorization (PA) process the department currently has in place. As a result, exemptions to the department's PA process will increase and more drugs will be filled that are not on the department's preferred drug list. The department currently provides coverage of drugs not included under the preferred drug list. It simply requires that the provider submit a prior authorization before coverage will be provided. However, this will result in higher costs and the loss of supplemental rebates. Additionally, a number of drugs that are used for the treatment of epilepsy and/or seizures are also used for conditions other than epilepsy, such as bi-polar disorder. We estimate that with the legislation in place, Connecticut would only save \$5,000 to \$10,000 per quarter in this class, representing a loss of as much as \$100,000 annually.

This bill will not only increase costs, but set a precedent that carves out a particular class of drugs. Passage of this bill will encourage other advocacy groups to demand that the same treatment be given for the class of drugs used in the treatment of the particular disease states they represent, resulting in higher costs and reduced rebate dollars to the state. Furthermore, the burden placed on the pharmacist as a result of this legislation is tremendous, let alone that physicians will be inundated by the number of callbacks from pharmacies. This will increase the amount of time it takes to fill the patients' prescription and may even jeopardize patient care.

In closing, DSS has an effective and efficient prior authorization process in place that is responsive to the medical needs of clients, including those with epilepsy. The Prior Authorization Call Center is available 24 hours a day, 7 days a week in order to ensure our clients receive their medication needs. In addition, when PA is required for coverage of a prescription drug under a medical assistance program administered by the Department and a pharmacist is unable to obtain the prescribing physician's authorization at the time the

prescription is presented to be filled, the pharmacist will be allowed to dispense a one-time fourteen day temporary supply. This fourteen day temporary supply should be used by the pharmacist and physician to either get a PA in place for the prescribed medication or switch to a therapy which does not require PA. Once a completed PA form is submitted to the PA Center, the Department is required to make a decision within 2 hours. If PA is not granted or denied within 2 hours of receipt of the request by the PA Center, then it shall be deemed granted. As you can see, all these measures are put in place to ensure our clients receive their medical needs in a timely fashion and bypassing the existing PA process is not recommended.

**In Support of HB 5291, AN ACT CONCERNING THE SHARING OF INFORMATION BETWEEN THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES AND THE DEPARTMENT OF SOCIAL SERVICES AS RELATES TO MEDICAID FUNDED SERVICES**

This bill would allow the Commissioner of Mental Health and Addiction Services to enter into a memorandum of understanding with the Commissioner of Social Services concerning the sharing of certain information that will allow the Department of Mental Health and Addiction Services to more efficiently deliver targeted case management services funded by the Medicaid program.

The Department of Mental Health and Addition Services consulted with the department in developing this language. We have no concerns with this proposal and support the bill.